



LEANDER PUBLIC LIBRARY

1011 S. Bagdad Rd.

Leander, TX 78641

512-259-5259

www.leander.lib.tx.us

Conference Room Reservation Agreement Form

Contact Name (please print) Phone Number Email address

Mailing Address City State ZIP

Organization Event/Program Title

Event Date(s) Starting Time Ending Time Total Hours Rental Cost Expected Attendance

Resident _____ OR Non-Resident _____
Individual/Non-Profit _____ OR Organization _____

Conference Room C _____ OR Conference Room D _____
Kitchen Use _____ OR No Kitchen Use _____

By signing this agreement, I agree to abide by the rules on the back of this sheet as set forth by Leander Public Library and the City of Leander for the use of the conference rooms located at 1011 S. Bagdad, Leander TX.

Signature Date

Payment Method: ____ Cash ____ Check ____ Visa ____ MasterCard ____ American Express

Amount Date Received

Check Number (make payable to Leander Public Library)

Visa/ MC / AMEX# Exp. Date

\$2.00 Credit Card Service Fee for charges over \$10.00

Remainder due prior to event (Events should be completely paid 2 weeks prior to the event)

Total refund amount (if applicable)

Name and address for refund amount:

Staff Signature

Lead Staff Initials

Refund Amount _____ Refund Approval _____ Date _____